

November 21, 2012

CERTIFIED MAIL
(7008 1300 0000 7158 1588)

Administrator
Community Pride Senior Living, LLC
PO Box 175
Saint John, WA 99171

Boarding Home License # 1718
Licensee: Community Pride Senior Living, LLC

IMPOSITION OF CIVIL FINE

Dear Administrator:

This letter constitutes formal notice of the imposition of a civil fine for your assisted living facility, located at **102 Bryant Boulevard, Saint John, Washington**, by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272 and RCW 18.20.190.

The civil fine is based on the following violations of the Revised Code of Washington (RCW) and/or the Washington Administrative Code (WAC) found by the department in your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on November 13, 2012.

WAC 388-78A-2120(1)(a)(3)(a)(b)(4) Monitoring residents' well-being. **\$100.00**

The facility failed to identify, evaluate, and take necessary action to address a fall with injury for one resident.

WAC 388-78A-2130(3)(a) Service agreement planning. **\$100.00**

The facility failed to review and update one residents' negotiated service agreement related to mobility and activities of daily living.

WAC 388-78A-2305(1) Food sanitation.

\$100.00

The facility failed to manage and maintain the kitchen and food service related to storage of fresh fruit and maintenance of the kitchen equipment for ten residents.

WAC 388-78A-2950(4) Water supply.

\$100.00

The facility failed to ensure that the hot water at sinks and bathing areas in the south hallway, accessible to residents was maintained at a temperature between 105-120 degrees Fahrenheit.

WAC 388-78A-3040(3)(a) Laundry.

\$100.00

The facility failed to ensure assisted living facility laundry was washed in a machine with either a continuous supply of hot water measuring 140 degrees Fahrenheit or automatically dispensed a chemical sanitizer.

You may contest the civil fine by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

**Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489**

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$500.00** payable to the Department of Social and Health Services. The check should be sent to:

**DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501**

If payment has not been received within twenty-eight (28) calendar days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) calendar days, the balance due the department will be recovered.

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

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To request an informal dispute resolution review, send your written request to:

**Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225**

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice.

Plan of Correction/Attestation

You must:

Return the plan/attestation, on the enclosed report, within **10 calendar days** after you receive this letter. Include the following in you plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency. Send your Plan of Correction to:

Lori Heiner, Field Manager
District 1, Unit B
316 West Boone, Suite 170
Spokane, WA 99201-2351
Phone: (509) 323-7324 / Fax: (509) 329-3993

If you have any questions, please contact Lori Heiner at (509) 323-7324.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

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Enclosure

cc: Robert Ogolsky, Compliance Specialist
RCS Field Manager – District 1, Unit B
RCS District Administrator – District 1
HCS Regional Administrator – Region 1
DDD Regional Administrator – Region 1
Washington State Long Term Care Ombudsman
Office of Financial Recovery, Vendor Program Unit
Area Agency on Aging, AAA- East
Medicaid Fraud Control Unit
Judi Plesha, HCS